BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALC^{**, A}ATION SHEET (FOR USE\,_H FORM PTO-875)

10/570104 APPLICANT(S,

FILING DATE

							LAIMS			·				
	AS FILED		AFTER 1*AMENDMENT.		AFTER			AS	AS FILED		AFTER L'AMENDMENT		AFTE	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	ŀ	IND.	DEP.		DEP.	2 HAME		
2	ļ	ļ		 			51				DEI.	IND.	D	
3				/		ļ	52			· *			┼	
4					<u>-</u>		53			·			-	
5							<u>54</u> 55	-	-	·				
6							<u> 56</u>		 	ļ				
7		•					57		 					
8							58	1	 				_	
10							59		1				├	
11							60						├	
12							61						┝	
13							62	- 					_	
14							63 64	 	 					
15							65		 					
16	·						66	1	 					
17 18							67	1		 			 	
19		·					68			 			<u> </u>	
20							69							
21							70	- <u>-</u> -					-	
22		•					71 72	 						
13							73	 	<u></u>					
4							74.	 						
6	 -						75							
7							76							
8							77							
9				—— <u>-</u>	 		78	ļ						
0							79 80	 		[.				
1							81	 						
2							82	 						
3							83							
5		····					84							
6							85							
7							86							
8							87	 						
9.					 -	I	88 89	 						
0							90	 		-	 -			
!			\Box				91	-						
2							92					 -		
	 -]	93							
5							94							
-				<u> </u> -			95	<u> </u>						
,			 -				96							
							97	 						
							98	 						
	الت						99 100					_		
IND.		4	7	1		1	TOTAL IND.							
DEP.			/				TOTAL DEP		. ▼		* -			
il Ms		Z Z	7				TOTAL							
							CLAIMS							